



Iowa Department of Human Services

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INFORMATIONAL LETTER NO.1599

DATE: January 8, 2016

TO: Iowa Medicaid Integrated Health Home (IHH) Providers

FROM: Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

RE: Updates for Integrated Health Homes

EFFECTIVE: January 1, 2016

This Informational Letter is the most recent in a series directed at IHHs regarding processes for members qualifying for IHH services paid through the IME under fee for service (FFS). Please also refer to Informational Letters [1584](#)¹, [1593-MC](#)² and [1597](#)³.

FFS members include those members who are not currently enrolled in a Managed Care Organization (MCO) which at this time includes the entire Medicaid population. Once IA Health Link is implemented the IHH FFS population will only include those members who are exempt from MCO enrollment.

Magellan continued to administer IHH and Habilitation services provided through December 31, 2015. Effective for dates of service on or after January 1, 2016, the IME is responsible for payment of these services until the launch of the IA Health Link on March 1, 2016. Once IA Health Link is implemented, then the IME will be responsible for payment for only those members who remain as FFS or who are exempt from MCO enrollment.

Member Continuity of Care:

All currently enrolled Iowa Medicaid providers can continue to see Medicaid members and receive reimbursement. Members will receive coverage directly through Iowa Medicaid. IHH providers will be paid the Medicaid reimbursement rates shown on the [fee schedule](#)⁴ which is found on the DHS website. The IME has undertaken direct contact with all IHH providers to ensure they are all correctly enrolled through the IME.

IHH Access through the Iowa Medicaid Portal Access (IMPA):

Each IHH must have staff with access to the [Iowa Medicaid Portal Access](#)⁵ system to allow for enrolling and managing IHH members for the purpose of IHH claim payment. The IME has also reached out to each IHH to assist with establishing IMPA access. During the first week of January 2016, the IME sent each IHH the access information and an IHH IMPA User

¹ https://dhs.iowa.gov/sites/default/files/1584_TipsandToolsforFee-For-Service%28FFS%29-IHH.pdf

² https://dhs.iowa.gov/sites/default/files/1593-MC_IHH_Provider_and_Member_Enrollment_for_Fee-For-Service.pdf

³ https://dhs.iowa.gov/sites/default/files/1597_BehavioralHealth_and_SubstanceAbuseServices.pdf

⁴ https://dhs.iowa.gov/sites/default/files/IntegratedHealthHome_PMPMFeeSchedule_0.pdf

⁵ [https://secureapp.dhs.state.ia.us/impd/\(S\(mbqzsurmctedxqognaezeyrn\)\)/Default.aspx](https://secureapp.dhs.state.ia.us/impd/(S(mbqzsurmctedxqognaezeyrn))/Default.aspx)

Guide. The IME contact for this process is Clark Howland chowlan@dhs.state.ia.us or 515-256-4801.

Member Enrollment through IMPA:

Medicaid members receiving IHH services must be enrolled with the appropriate IHH through IMPA. Only those members who are enrolled through IMPA as of the 20th of each month are eligible for an IHH Per-Member-Per Month (PMPM) payment for the following month. IHHs should also verify that the correct tier is included in IMPA, because the IME will only pay the IHH claim if the billed tier matches the tier found in IMPA. There are no retroactive enrollments or tier changes through IMPA. All additions and changes must be done by the 20th of the month to allow for appropriate payment for the subsequent month. Claim payment examples based on IMPA updates are shown below:

1. A new member is added through IMPA on January 18, 2016. Since the addition was done before the deadline, the IME can pay a correctly completed IHH claim for the months of February 2016 forward. No payment for IHH is allowed for January 2016.
2. A new member is added through IMPA on January 22, 2016. Since the addition was done after the deadline, the IME can pay a correctly completed IHH claim for the months of March 2016 forward. No IHH payment is allowed for January or February 2016.
3. As of January 21, 2016, the IMPA tier for the member is tier 5. The IHH bills the IME for tier 7 for February. The claim will deny because the billed tier does not match the tier found in IMPA. The IHH can rebill the claim using the tier found in IMPA.
4. On January 22, 2016 the IHH changes the IMPA tier to 7. If the claim for March includes tier 7, then the claim will then pay tier 7. If the claim includes tier 5 the claim will deny because the billed tier does not match the tier found in IMPA. The IHH can rebill the claim using the tier found in IMPA.

Because of the transition period to the IA Health Link, the IME has already loaded IMPA enrollments for IHH members known by Magellan. Any members not known by Magellan, as well as those members who may have transferred between IHHs, will not be reflected in the IME load. It is very important that each IHH use IMPA to verify that all of their members are correctly enrolled. To ensure maximization of PMPM payments, we encourage each IHH to verify IMPA information immediately and on an ongoing basis.

Claim Submission and Timely Filing:

[Informational Letter 1584](#)⁶ contains tips for submitting claims to the IME for PMPM payment. The [fee schedule and general information](#)⁷ on billing the PMPM claim can be found on the DHS website.

Billing for Services Provided in December 2015 and January 2016:

- IHH providers should work with Magellan for service dates on or before December 31, 2015, and with the IME for service dates on or after January 1, 2016.
- All IHH providers should bill the correct code and modifier as noted in the claim instructions. The IME has established rates for each code and modifier combination.

⁶ https://dhs.iowa.gov/sites/default/files/1584_TipsandToolsforFee-For-Service%28FFS%29-IHH.pdf

⁷ https://dhs.iowa.gov/sites/default/files/IntegratedHealthHome_PMPMFeeSchedule_0.pdf

- Providers will submit claims using the CMS-1500 Professional Claim. Claims can be submitted to the IME either electronically or on paper.
- The claim must reflect the correct NPI, taxonomy, and zip code for the IHH.

Providers have 365 days from the date of service to submit a claim to the IME. A claim may be resubmitted or adjusted if it is submitted within 365 days from the last date of adjudication. No claim will be paid past two years from the date of service.

Habilitation Services Authorization through an IHH:

Habilitation services will be prior authorized through the service plan development process facilitated by the IHH and are not required to be submitted to the IME.

- The IHH Care Coordinator (CC) must have a service plan in place detailing the services to be received in accordance with 441 78.27(4) Comprehensive service plans. The service plan must be signed and dated.
- The service plan must detail the provider, provider number, procedure code, number of units and rate for the services to be provided.
- The IHH CC will issue a Notice of Authorization (NOA) based on the service plan which includes appeal rights per the department's policy.
- The Habilitation service provider will bill the IME for delivered services following the proper billing procedures for that service.
- The staff delivering the service must document the services as required per 441 IAC 79.3 and records must be maintained in accordance with the rule as well.
- The IME will be conducting post service quality assurance reviews to ensure services were authorized and delivered in accordance with administrative rules and the member's service plan.
- Notice of Decisions should be issued by the case manager, targeted case manager or IHH. Please click the [Notice of Decision](#)⁸ to see a reference sample. Please note that appeal language as stated on this form must be included on all notices. All Notice of Decisions should be on the issuing organization's letterhead.

Provider Resources:

Providers are encouraged to visit the [Provider Services DHS web page](#)⁹ for important resources such as:

- Detailed claim form instructions for all providers on the [Claim Forms and Instructions](#)¹⁰ web page.
- IME policies and procedures available in the IME [Provider Manuals](#)¹¹.
- Access to historical [Informational Letters](#)¹² which are used to clarify and explain new and existing programs and policies.
 - To register for informational letters go to the [Iowa Medicaid Portal Access \(IMPA\)](#)¹³ and follow the prompts at "Go Here and Sign Up"
- Member eligibility confirmation through two mechanisms:

⁸ https://dhs.iowa.gov/sites/default/files/NOD_Example.pdf

⁹ <http://dhs.iowa.gov/ime/providers>

¹⁰ <http://dhs.iowa.gov/ime/Providers/claims-and-billing/ClaimsPage>

¹¹ <http://dhs.iowa.gov/policy-manuals/medicaid-provider>

¹² <https://dhs.iowa.gov/ime/providers/rulesandpolicies/bulletins>

¹³ [https://secureapp.dhs.state.ia.us/impal/\(S\(s1urils3hvlw2n05givdons5\)\)/Default.aspx](https://secureapp.dhs.state.ia.us/impal/(S(s1urils3hvlw2n05givdons5))/Default.aspx)

- Eligibility Verification System (ELVS)
 - Electronic Data Interchange Support Services (EDISS)
- Access to ELVS, an automated electronic phone system that allows providers to verify member eligibility 24 hours a day, seven days a week. Phone eligibility verification is available at 515-323-9639 (locally in Des Moines) 1-800-338-7752 (toll-free).
 - Requires a valid and active provider NPI number.
- Access to EDISS Web Portal which is available 24 hours a day, seven days a week and can be used to submit real-time requests for Eligibility, including multiple requests.
 - Login ID and password may be obtained through EDI by submitting the [request form](#)¹⁴ to EDI or calling EDI at 1-800-967-7902.
- Provider training which is available on the [Provider Training](#)¹⁵ web page. Future informational letters announcing behavioral health provider specific training will be published soon.
- An informational call center for providers to facilitate understanding of the Iowa Medicaid program and to assist in resolution of claim issues, eligibility verification, and policy clarification. The Provider Services informational call center is staffed Monday through Friday 7:30 A.M. to 4:30 P.M. for providers, except for state holidays. The IME Provider Services Unit may be reached at 1-800-338-7909, or email at: IMEProviderServices@dhs.state.ia.us.

¹⁴ <http://www.edissweb.com/docs/med/add-access-request-IME.pdf>

¹⁵ <https://dhs.iowa.gov/ime/Providers/tools-trainings-and-services/ATRegistration>